

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NORTH DAKOTA

Case number (if known)

Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Red River Behavioral Health System, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 32-0495977

4. Debtor's address Principal place of business

1451 44th Avenue South
Unit A
Grand Forks, ND 58201

Number, Street, City, State & ZIP Code

Grand Forks

County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://redriverbhs.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Red River Behavioral Health System, LLC
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6222**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **Red River Behavioral Health System, LLC** Case number (if known) _____
Name

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|--|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input checked="" type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Red River Behavioral Health System, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 20, 2020**
MM / DD / YYYY

X /s/ Jacqueline Hanson

Signature of authorized representative of debtor

Jacqueline Hanson

Printed name

Title **CEO**

18. Signature of attorney

X Katrina A. Turman Lang

Signature of attorney for debtor

Date **October 20, 2020**

MM / DD / YYYY

Katrina A. Turman Lang

Printed name

TURMAN & LANG, LTD.

Firm name

505 N. Broadway, Suite 507

P.O. Box 110

Fargo, ND 58107-0110

Number, Street, City, State & ZIP Code

Contact phone **(701) 293-5592**

Email address **katrina@turmanlaw.com**

Bar number and State

Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ 1,161,368.00

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ 1,161,368.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 69,430,232.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 73,108,228.24

4. **Total liabilities**
Lines 2 + 3a + 3b \$ 142,538,460.24

Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Highland Bank

3.1. New Brighton, MN

Checking

5743

\$0.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:

16,165.00

-

0.00

=

\$16,165.00

face amount

doubtful or uncollectible accounts

Debtor **Red River Behavioral Health System, LLC** Case number (If known) _____
Name

11b. Over 90 days old: 2,808,362.00 - 2,139,630.00 =.... \$668,732.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$684,897.00
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures See Exhibit A	\$476,474.00	Appraisal	\$476,474.00

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$476,474.00
Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Debtor **Red River Behavioral Health System, LLC** Case number (If known) _____
Name

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Red River Behavioral Health System 1451 44th Avenue South Unit A Grand Forks, ND 58201 Acute Psychiatric Hospital	Lease	\$0.00	N/A	\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

Debtor **Red River Behavioral Health System, LLC** Case number (If known) _____
Name

REFERRANT DATA \$0

ADMISSION DATA \$0

EMAIL/PHONE CONTACTS \$0

\$0.00

\$0.00

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

☐ No

☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor **Red River Behavioral Health System, LLC** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$684,897.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$476,474.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,161,371.00	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,161,371.00

Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.1	BMO Harris Bank, N.A., as Agent <small>Creditor's Name</small> 111 West Monroe Street 20th Floor East Chicago, IL 60603 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 11/13/2015 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All right, title and interest in personal property and fixtures Describe the lien UCC Lien (Guarantee of Credit Agreement) Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$69,430,232.00	\$0.00
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2.2	Meridian Behavioral Health, LLC <small>Creditor's Name</small> 550 Main Street Suite 230 New Brighton, MN 55112 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 07/24/2020 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Any and all Accounts Receivable and payment intangibles whether now or hereafter existing and all proceeds thereof Describe the lien UCC Lien Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$0.00	\$0.00
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Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Name

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$69,430,232.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Chapman and Cutler LLP
111 West Monroe Street
Attn: Cari Grieb
Chicago, IL 60603

Line 2.1

Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address ABSOLUTE REFRIGERATION, LLC 3398 Primerose Court Grand Forks, ND 58201</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Building Expense</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$238.41</p>
3.2	<p>Nonpriority creditor's name and mailing address ACME TOOLS GRAND FORKS 1705 13th Ave N Grand Forks, ND 58203</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Building Expense</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$76.95</p>
3.3	<p>Nonpriority creditor's name and mailing address AIRGAS USA, LLC P.O. Box 734445 Chicago, IL 60673-4445</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Expenses</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$3,193.07</p>
3.4	<p>Nonpriority creditor's name and mailing address ALL SEASONS GARDEN CENTER 5101 South Washington Street Grand Forks, ND 58201</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Grounds</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$402.56</p>
3.5	<p>Nonpriority creditor's name and mailing address AMERIPRIDE SERVICES INC P.O. Box 3160 BEMIDJI, MN 56619-3160</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Building Expense</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$1,183.55</p>

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Name

3.6	Nonpriority creditor's name and mailing address AT&T TELECONFERENCE SERVICES P.O. Box 5002 Carol Stream, IL 60197-5002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$36.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address BRIGGS HEALTHCARE 4900 University Ave Suite 200 West Des Moines, IA 50266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$513.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Client Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address BURGGRAF'S ACE GRAND FORKS 1826 S Washington Street 14003W Grand Forks, ND 58201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$150.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address C&R CLEANERS & LAUNDRY 1010 North 5th Street Grand Forks, ND 58203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laundry</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address CAROL TORGERSON COUNSELING 1551 28th Ave S Suite C3 Grand Forks, ND 58201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$350.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address CENTERS FOR MEDICARE AND MEDICAID SVCS c/o NORIDIAN HEALTHCARE SOLUTIONS P.O. BOX 6730 Fargo, ND 58108-6730 Date(s) debt was incurred <u>July 10, 2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,170,079.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medicare Program Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address CHAMPION CHART SUPPLY 94 Newcomb Street P.O. Box AB Norton, MA 02766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$314.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Red River Behavioral Health System, LLC Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address CLIFTON LARSON ALLEN LLP P.O. Box 775195 Chicago, IL 60677-5195 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,662.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting & Audit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address CONCORDANCE HEALTHCARE SOLUTIONS 2675 Solution Center Chicago, IL 60677-2006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,275.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address EASTDAK HOLDINGS LLC P.O. Box 9495 Fargo, ND 58103-9495 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$249,040.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address ECOLAB PEST ELIM DIV 26252 Network Place Chicago, IL 60673-1262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address FASTENAL 2001 Theurer Blvd. Winona, MN 55987 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$391.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT COMPANY INC 29833 Network Place Chicago, IL 60673-1298 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$406.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Furniture</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address GMB Mezzanine Capital III, L.P. 50 South Sixth Street Suite 1460 Minneapolis, MN 55402 Date(s) debt was incurred <u>11/13/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,318,052.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guarantee of Unsecured Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address GREAT PLAINS HEATING, A/C & PLUMBING P.O. Box 13196 Grand Forks, ND 58208 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$115.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Red River Behavioral Health System, LLC Name _____	Case number (if known) _____
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3.21	Nonpriority creditor's name and mailing address HEALTHCARE ENVIRONMENTAL SERVICE LLC 1420 40th Street N Fargo, ND 58102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,449.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trash</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address HUGO'S # 8 1750 32nd Avenue Grand Forks, ND 58201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$299.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address JOHNSON CONTROLS FIRE PROTECTION LP P.O. Box 730068 Dallas, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,013.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address KEITH'S SECURITY WORLD 2111 Demers Ave Grand Forks, ND 58201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$329.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address LEGIONELLA WATCH P.O. Box 8116 Greensboro, NC 27419 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$324.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address MCKESSON MEDICAL SURGICAL P.O. Box 634404 Cincinnati, OH 45263-4404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,545.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Client Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address MEDICUS PSYCHIATRY SERVICES, LLC 22 Roulston Road Windham, NH 03087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$213,667.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address MODERN INFORMATION SYSTEMS INC 205 Leeward Hills Lane Grand Forks, ND 58201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,546.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Red River Behavioral Health System, LLC Name _____	Case number (if known) _____
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3.29	Nonpriority creditor's name and mailing address NETWORK SERVICES CO 29060 Network Place Chicago, IL 60673-1290 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,515.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Oaktree Mezzanine Fund, L.P. c/o Oaktree Capital Management, L.P. 1301 Avenue of the Americas 34th Floor New York, NY 10019 Date(s) debt was incurred <u>11/13/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,746,036.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guarantee of Unsecured Notes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address ONESTAFF MEDICAL, LLC c/o American National Bank P.O. Box 3544 Omaha, NE 68103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,812.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address PEOPLEREADY, INC. 1002 Solutions Center Chicago, IL 60677-1000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,368.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary Employees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address RR DONNELLEY 7810 Solution Center Chicago, IL 60677-7008 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$191.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address SANFORD HEALTH P.O. Box 2168 Fargo, ND 58107-2168 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,259.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consulting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address SHC SERVICES INC P.O. Box 677896 Dallas, TX 75267-7896 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,751.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Red River Behavioral Health System, LLC	Case number (if known)	
Name			

3.36	Nonpriority creditor's name and mailing address SPICER CONTAINER & SALVAGE 1015 N. 51st Street Suite A Grand Forks, ND 58203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trash</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.60
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3.37	Nonpriority creditor's name and mailing address THE UNITER ORM 14, University of Winnipeg 515 Portage Avenue Winnipeg Manitoba R3B 2E9 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.00
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3.38	Nonpriority creditor's name and mailing address TRANE U.S., INC. P.O. Box 98167 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Repair and Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,918.85
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3.39	Nonpriority creditor's name and mailing address WALL'S LTC PHARMACY, INC. 1322 8th Avenue S Grand Forks, ND 58201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,706.61
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3.40	Nonpriority creditor's name and mailing address ZORO P.O. Box 5233 Janesville, WI 53547-5233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Expenses=</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,877.27
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 73,108,228.24
5c.	\$ 73,108,228.24

Fill in this information to identify the case:

Debtor name **Red River Behavioral Health System, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NORTH DAKOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Software License Agreement**

State the term remaining **Open**

List the contract number of any government contract _____

**1984 Systems, Inc.
DBA American Data
P.O. Box 640
Sauk City, WI 53583**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Independent Contractor Agreement**

State the term remaining **Auto Renew**

List the contract number of any government contract _____

**Achieve Therapy LLC
1425 S Columbia Road
Grand Forks, ND 58201**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Supplemental Biomedical Services**

State the term remaining **Auto Renew**

List the contract number of any government contract _____

**Agiliti Health, Inc.
6625 West 78th Street
Suite 300
Minneapolis, MN 55439**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Employee Contract**

State the term remaining **12/26/2021**

List the contract number of any government contract _____

**ALAA ELREFAI, MD, PC
2150 47th Ave S
#365
Grand Forks, ND 58201**

Debtor 1 **Red River Behavioral Health System, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Service Proposal and BAA**

State the term remaining **12/31/2021**

List the contract number of any government contract

**Allied Fire Protection
 3231 4th Avenue S Unit C
 Fargo, ND 58103**

2.6. State what the contract or lease is for and the nature of the debtor's interest **External Access Agreement**

State the term remaining **Ongoing**

List the contract number of any government contract

**Altru Health System
 P.O. Box 13780
 Grand Forks, ND 58208-3780**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Memorandum of Understanding**

State the term remaining **Ongoing**

List the contract number of any government contract

**Altru Health System
 P.O. Box 13780
 Grand Forks, ND 58208-3780**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Group Participation Contract**

State the term remaining **Ongoing**

List the contract number of any government contract

**Blue Cross and Blue Shield of ND
 4510 13th Avenue South
 Fargo, ND 58121**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Business Services Agreement**

State the term remaining **1/27/2023**

List the contract number of any government contract

**Consolidated Communications
 P.O. Box 66523
 Saint Louis, MO 63166-6523**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Agreement**

State the term remaining **Auto Renew**

List the contract number of any

**Dakota Nursing Program at LRSC
 1801 College Drive North
 Devils Lake, ND 58301**

Debtor 1 **Red River Behavioral Health System, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement**

State the term remaining **September 12, 2026**

List the contract number of any government contract

**Eastdak Holdings LLC
 P.O. Box 9495
 Fargo, ND 58103-9495**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Behavioral Health Record Agreement**

State the term remaining **Upon Termination**

List the contract number of any government contract

**Grand Forks Public School District
 2400 47th Avenue South
 Grand Forks, ND 58202**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Linen processing agreement**

State the term remaining **Auto Renew**

List the contract number of any government contract

**Healthcare Environmental Service LLC
 1420 40th Street N
 Fargo, ND 58102**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Independent Services Contract**

State the term remaining **Auto Renew**

List the contract number of any government contract

**Healthy Weighs Nutrition Center
 18711 445th Avenue SW
 East Grand Forks, MN 56721**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Software Proposal & Change Forms**

State the term remaining **TBD**

List the contract number of any government contract

**Integrated Software Solutions/MedEZ
 7450 Griffin Road
 Suite 150
 Davie, FL 33314**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Fire/Smoke Damper Repair**

**Johnson Controls Fire Protection LP
 P.O. Box 730068
 Dallas, TX 75373**

Debtor 1 **Red River Behavioral Health System, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining
 List the contract number of any government contract

Upon Completion of Work

2.17. State what the contract or lease is for and the nature of the debtor's interest

Clinical Preceptorship Agreement

State the term remaining
 List the contract number of any government contract

3/1/2020

**Lake Region State College (LRSC)
 1801 College Drive North
 Devils Lake, ND 58301**

2.18. State what the contract or lease is for and the nature of the debtor's interest

Psychiatry Transition Program & Managed Services Agreement

State the term remaining
 List the contract number of any government contract

Auto Renew

**Medicus Healthcare Solutions
 22 Roulston Road
 Windham, NH 03087**

2.19. State what the contract or lease is for and the nature of the debtor's interest

Storage Agreement & BAA

State the term remaining
 List the contract number of any government contract

Auto Renew

**Modern Information Systems, Inc.
 5010 Gateway Drive
 Grand Forks, ND 58203**

2.20. State what the contract or lease is for and the nature of the debtor's interest

Food Service Agreement

State the term remaining
 List the contract number of any government contract

Auto Renew

**New Horizon Foods, Inc.
 P.O. Box 860246
 Minneapolis, MN 55486-0246**

2.21. State what the contract or lease is for and the nature of the debtor's interest

Recruiting Participation Agreement

State the term remaining
 List the contract number of any government contract

Ongoing

**North Dakota Hospital Association (NDHA)
 P.O. Box 7340
 Bismarck, ND 58507-7340**

Debtor 1 **Red River Behavioral Health System, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest

Agreement for Staffing Services; BAA, Permanent Placement Structure Auto Renew

State the term remaining

List the contract number of any government contract

**OneStaff Medical, LLC
 c/o American National Bank
 P.O. Box 3544
 Omaha, NE 68103**

2.23. State what the contract or lease is for and the nature of the debtor's interest

Purchase of Service Agreement

State the term remaining

List the contract number of any government contract

12/31/2021

**Polk County Social Services
 612 N Broadway
 Room 302
 Crookston, MN 56716**

2.24. State what the contract or lease is for and the nature of the debtor's interest

Records Management Agreement, BAA, Web Access Agreement

State the term remaining

List the contract number of any government contract

Auto Renew

**Record Keepers, LLC (RKL)
 2101 8th Avenue N
 Fargo, ND 58102**

2.25. State what the contract or lease is for and the nature of the debtor's interest

Technical Service Agreement & Business Associate Agreement

State the term remaining

List the contract number of any government contract

Ongoing

**RTG Medical
 1005 East 23rd Street
 Suite 200
 Fremont, NE 68025**

2.26. State what the contract or lease is for and the nature of the debtor's interest

Health Care Service Contract for PHO (Red River)

State the term remaining

List the contract number of any government contract

Ongoing

**Sanford Health Plan
 1749 38th Street South
 Fargo, ND 58104**

2.27. State what the contract or lease is for and the nature of the debtor's interest

Master Service Agreement

State the term remaining

List the contract number of any government contract

Auto Renew

**Sanford North
 P.O. Box 2168
 Fargo, ND 58107-2168**

Debtor 1 **Red River Behavioral Health System, LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Staffing Services Agreement**

State the term remaining **Ongoing**

List the contract number of any government contract

**SHC Services, Inc.
 d/b/a Supplemental Healthcare
 1640 W. Redstone Drive
 Suite 300
 Park City, UT 84098**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Language Services Agreement**

State the term remaining **Ongoing**

List the contract number of any government contract

**Telelanguage Inc.
 514 SW 6th Avenue
 4th Floor
 Portland, OR 97204**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Facility Participation Agreement**

State the term remaining **Ongoing**

List the contract number of any government contract

**United Behavioral Health (UBH)
 P.O. Box 9472
 Minneapolis, MN 55440-9472**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Letter Agreement**

State the term remaining **Ongoing**

List the contract number of any government contract

**Universal Hospital Services
 6625 West 78th Street
 Suite 300
 Minneapolis, MN 55439**

2.32. State what the contract or lease is for and the nature of the debtor's interest **Cooperative Education Contract Agreement**

State the term remaining **5/16/2020**

List the contract number of any government contract

**University of North Dakota (UND)
 1301 North Columbia Road Stop 9037
 Grand Forks, ND 58202**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Master Clinical Affiliation Agreement**

**University of North Dakota (UND)
 1301 North Columbia Road Stop 9037
 Grand Forks, ND 58202**

Debtor 1 **Red River Behavioral Health System, LLC**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **11/18/2021**

List the contract number of any government contract

2.34. State what the contract or lease is for and the nature of the debtor's interest **Independent Services Contract**

State the term remaining **12/29/2020, Auto Renew**

List the contract number of any government contract

**Wall's LTC Pharmacy, Inc.
1322 8th Avenue S
Grand Forks, ND 58201**

Fill in this information to identify the case:

Debtor name **Red River Behavioral Health System, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NORTH DAKOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing Address	Name	Check all schedules that apply:
2.1	Alliance Clinic, LLC	3329 University Ave SE Minneapolis, MN 55414	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Alliance Clinic, LLC	3329 University Ave SE Minneapolis, MN 55414	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.3	Alliance Clinic, LLC	3329 University Ave SE Minneapolis, MN 55414	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
2.4	Anoka Property Holdings LLC	550 Main Street Suite 230 Saint Paul, MN 55112	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Anoka Property Holdings LLC	550 Main Street Suite 230 Saint Paul, MN 55112	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Anoka Property Holdings LLC	550 Main Street Suite 230 Saint Paul, MN 55112	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.7	Avalon Programs, LLC	550 Main Street Suite 230 Saint Paul, MN 55112	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Avalon Programs, LLC	550 Main Street Suite 230 Saint Paul, MN 55112	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.9	Avalon Programs, LLC	550 Main Street Suite 230 Saint Paul, MN 55112	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.10	B Tek LLC	6043 Hudson Rd. Suite 201 Woodbury, MN 55125	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	B Tek LLC	6043 Hudson Rd. Suite 201 Woodbury, MN 55125	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.12	B Tek LLC	6043 Hudson Rd. Suite 201 Woodbury, MN 55125	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--------------------------------------|--|------------------------------------|---|
| 2.13 | Beauterre Recovery Institute LLC | 2480 S. County Road 45
Owatonna, MN 55060 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.14 | Beauterre Recovery Institute LLC | 2480 S. County Road 45
Owatonna, MN 55060 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.15 | Beauterre Recovery Institute LLC | 2480 S. County Road 45
Owatonna, MN 55060 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.16 | Cedar Ridge Treatment Center LLC | 11400 Julianne Ave North
Stillwater, MN 55082 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.17 | Cedar Ridge Treatment Center LLC | 11400 Julianne Ave North
Stillwater, MN 55082 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.18 | Cedar Ridge Treatment Center LLC | 11400 Julianne Ave North
Stillwater, MN 55082 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.19 | Cypress Grove Behavioral Health, LLC | 4673 Eugene Ware Blvd.
Bastrop, LA 71220 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.20 | Cypress Grove Behavioral Health, LLC | 4673 Eugene Ware Blvd.
Bastrop, LA 71220 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|---|--|------------------------------------|---|
| 2.21 | Cypress Grove
Monroe
Properties, LLC | 411 Pine Street
Monroe, LA 71201 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.22 | Cypress Grove
Monroe
Properties, LLC | 411 Pine Street
Monroe, LA 71201 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.23 | Cypress Grove
Monroe
Properties, LLC | 411 Pine Street
Monroe, LA 71201 | GMB Mezzanine
Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.24 | Douglas Place
Property
Holdings LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.25 | Douglas Place
Property
Holdings LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.26 | Douglas Place
Property
Holdings LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | GMB Mezzanine
Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.27 | Douglas Place
Treatment Center
LLC | 1111 Gateway Drive NE
East Grand Forks, MN 56721 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.28 | Douglas Place
Treatment Center
LLC | 1111 Gateway Drive NE
East Grand Forks, MN 56721 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|---|---|--|---|
| 2.29 | Douglas Place Treatment Center LLC | 1111 Gateway Drive NE
East Grand Forks, MN 56721 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F 3.19
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.30 | Gainey Property Holdings LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D 2.1
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.31 | Guest House Property Holdings LLC | 4800 48th Street NE
Rochester, MN 55906 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D 2.1
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.32 | Lake Shore Treatment Center LLC | 140 Quail Street
Mahtomedi, MN 55115 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F 3.30
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.33 | Lake Shore Treatment Center LLC | 140 Quail Street
Mahtomedi, MN 55115 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D 2.1
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.34 | Lake Shore Treatment Center LLC | 140 Quail Street
Mahtomedi, MN 55115 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F 3.19
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.35 | Latitudes Treatment Center LLC | 1609 Jackson Street
Saint Paul, MN 55117 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F 3.30
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.36 | Latitudes Treatment Center LLC | 1609 Jackson Street
Saint Paul, MN 55117 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D 2.1
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|---------------------------------|---|---------------------------------|---|
| 2.37 | Latitudes Treatment Center LLC | 1609 Jackson Street
Saint Paul, MN 55117 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.38 | Mahtomedi Property Holdings LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.39 | Mahtomedi Property Holdings LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.40 | Mahtomedi Property Holdings LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.41 | MBH Intermediate Holdings, LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.42 | MBH Intermediate Holdings, LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.43 | MBH Intermediate Holdings, LLC | 550 Main Street Suite 230
New Brighton, MN 55112 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.44	Meadow Creek Property Holdings, LLC	550 Main Street Suite 230 New Brighton, MN 55122	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.45	Meadow Creek Property Holdings, LLC	550 Main Street Suite 230 New Brighton, MN 55122	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.46	Meadow Creek Property Holdings, LLC	550 Main Street Suite 230 New Brighton, MN 55122	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.47	Meadow Creek, LLC	17305 Meadow Creek Lane Pine City, MN 55063	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.48	Meadow Creek, LLC	17305 Meadow Creek Lane Pine City, MN 55063	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.49	Meadow Creek, LLC	17305 Meadow Creek Lane Pine City, MN 55063	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.50	Meridian Behavioral Health, LLC	550 Main Street Suite 230 New Brighton, MN 55112	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.51	Meridian Behavioral Health, LLC	550 Main Street Suite 230 New Brighton, MN 55112	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.52	Meridian Behavioral Health, LLC	550 Main Street Suite 230 New Brighton, MN 55112	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.53	Meridian Behavioral Health, LLC	550 Main Street Suite 230 New Brighton, MN 55112	WALL'S LTC PHARMACY, INC.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____
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2.54	Meridian Property Holdings LLC	550 Main Street Suite 230 New Brighton, MN 55112	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.55	Meridian Property Holdings LLC	550 Main Street Suite 230 New Brighton, MN 55112	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.56	Meridian Property Holdings LLC	550 Main Street Suite 230 New Brighton, MN 55112	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.57	New Beginnings Estes Avenue, LLC	7300 Estes Avenue SW Waverly, MN 55390	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.58	New Beginnings Howard Lake, LLC	210 10th Avenue Howard Lake, MN 55349	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.59	New Beginnings Minnesota, LLC	109 N Shore Drive Waverly, MN 55390	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--|---|--|---|
| 2.60 | New Beginnings
North Shore
Drive, LLC | 109 N Shore Drive
Waverly, MN 55390 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.61 | New Beginnings
Waverly, LLC | 109 N Shore Drive
Waverly, MN 55390 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.62 | Oakridge
Treatment Center
LLC | 4800 48th Street North East
Rochester, MN 55906 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.63 | Oakridge
Treatment Center
LLC | 4800 48th Street North East
Rochester, MN 55906 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.64 | Oakridge
Treatment Center
LLC | 4800 48th Street North East
Rochester, MN 55906 | GMB Mezzanine
Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.65 | Tapestry
Property
Holdings, LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.66 | Tapestry
Property
Holdings, LLC | 550 Main Street
Suite 230
New Brighton, MN 55112 | BMO Harris Bank,
N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.67 | Tapestry
Treatment Center
LLC | 135 Colorado Street East
Saint Paul, MN 55107 | Oaktree Mezzanine
Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--------------------------------|---|---------------------------------|---|
| 2.68 | Tapestry Treatment Center LLC | 135 Colorado Street East Saint Paul, MN 55107 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.69 | Tapestry Treatment Center LLC | 135 Colorado Street East Saint Paul, MN 55107 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.70 | Twin Town Treatment Center LLC | 1706 University Avenue Saint Paul, MN 55104 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.71 | Twin Town Treatment Center LLC | 1706 University Avenue Saint Paul, MN 55104 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.72 | Twin Town Treatment Center LLC | 1706 University Avenue Saint Paul, MN 55104 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.73 | Valhalla Place Brainerd, LLC | 2215 S 6th Street Brainerd, MN 56401 | Oaktree Mezzanine Fund, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.30</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.74 | Valhalla Place Brainerd, LLC | 2215 S 6th Street Brainerd, MN 56401 | BMO Harris Bank, N.A., as Agent | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.75 | Valhalla Place Brainerd, LLC | 2215 S 6th Street Brainerd, MN 56401 | GMB Mezzanine Capital III, L.P. | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.19</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.76	Valhalla Place, LLC	6043 Hudson Rd. Suite 220 Woodbury, MN 55125	Oaktree Mezzanine Fund, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.30 <input type="checkbox"/> G _____
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2.77	Valhalla Place, LLC	6043 Hudson Rd. Suite 220 Woodbury, MN 55125	BMO Harris Bank, N.A., as Agent	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.78	Valhalla Place, LLC	6043 Hudson Rd. Suite 220 Woodbury, MN 55125	GMB Mezzanine Capital III, L.P.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.19 <input type="checkbox"/> G _____
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Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 20, 2020

X /s/ Jacqueline Hanson

Signature of individual signing on behalf of debtor

Jacqueline Hanson

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Red River Behavioral Health System, LLC

United States Bankruptcy Court for the: DISTRICT OF NORTH DAKOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2020 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$9,433,281.00

For prior year:
From 1/01/2019 to 12/31/2019

☒ Operating a business
☐ Other _____

\$13,877,163.00

For year before that:
From 1/01/2018 to 12/31/2018

☒ Operating a business
☐ Other _____

\$16,479,964.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. ALAA ELREFAI, MD, PC 2150 47th Ave S #365 Grand Forks, ND 58201	7/29/2020	\$13,736.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. ALAA ELREFAI, MD, PC 2150 47th Ave S #365 Grand Forks, ND 58201	8/04/2020	\$10,820.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. ALAA ELREFAI, MD, PC 2150 47th Ave S #365 Grand Forks, ND 58201	8/11/2020	\$21,640.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. ALAA ELREFAI, MD, PC 2150 47th Ave S #365 Grand Forks, ND 58201	8/18/2020	\$11,577.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. ALAA ELREFAI, MD, PC 2150 47th Ave S #365 Grand Forks, ND 58201	8/25/2020	\$4,328.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.6. Altru Health System P.O. Box 13780 Grand Forks, ND 58208-3780	7/29/2020	\$12,347.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.7. Altru Health System P.O. Box 13780 Grand Forks, ND 58208-3780	9/8/2020	\$2,094.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.8. Altru Health System P.O. Box 13780 Grand Forks, ND 58208-3780	9/21/2020	\$5,785.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. New Horizon Food Inc. P.O. Box 860246 Minneapolis, MN 55486-0246	8/18/2020	\$32,081.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 New Horizon Food Inc. P.O. Box 860246 Minneapolis, MN 55486-0246	9/22/2020	\$19,227.54	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 Paul E. Saperstein Auctioneers & Appraisers 144 Centre Street Holbrook, MA 02343-1011	9/11/2020	\$7,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 S&S Taxi 2600 Demars Avenue Suite 112 Grand Forks, ND 58201	7/29/2020	\$1,909.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.13 S&S Taxi 2600 Demars Avenue Suite 112 Grand Forks, ND 58201	8/11/2020	\$3,741.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 S&S Taxi 2600 Demars Avenue Suite 112 Grand Forks, ND 58201	9/8/2020	\$970.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 Toshiba Financial Services 21146 Network Place Chicago, IL 60673-1211	8/11/2020	\$3,041.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 Toshiba Financial Services 21146 Network Place Chicago, IL 60673-1211	9/8/2020	\$3,041.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.17 Toshiba Financial Services 21146 Network Place Chicago, IL 60673-1211	9/21/2020	\$3,041.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.18 XCEL ENERGY P.O. Box 9477 Minneapolis, MN 55484-9477	8/18/2020	\$19,828.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.19 XCEL ENERGY P.O. Box 9477 Minneapolis, MN 55484-9477	9/14/2020	\$16,167.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.20 XCEL ENERGY P.O. Box 9477 Minneapolis, MN 55484-9477	10/13/2020	\$9,526.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Meridian Behavioral Health, LLC 550 Main Street Suite 230 New Brighton, MN 55112	07/23/2020	\$0.00	Transfer of security interest in exchange for access to credit (currently undrawn with zero balance)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
BMO Harris Bank, N.A., as Agent 111 West Monroe Street 20th Floor East Chicago, IL 60603	Cash proceeds of term loan collateral (equipment and furniture sold to Meridian) plus collected accounts receivable	October 16, 2020	\$100,000.00

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

Creditor's name and address	Describe of the Property	Date	Value of property
BMO Harris Bank, N.A., as Agent 111 West Monroe Street 20th Floor East Chicago, IL 60603	Highland Bank checking account balance	October 19, 2020	\$745,918.80

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Centers for Medicare and Medicaid Services Program Reimbursement Determination	Cost Report Adjustment Settlement	CENTERS FOR MEDICARE AND MEDICAID SVCS c/o NORIDIAN HEALTHCARE SOLUTIONS P.O. BOX 6730 Fargo, ND 58108-6730	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. DNV GL Project #: PRJC-553912-2016-AST-USA	Survey Report	DNV GL - Healthcare 400 Techne Center Drive Suite 100 Milford, OH 45150	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. Wall's LTC Pharmacy, Inc., v. Red River Behavioral Health System LLC and Meridian Behavioral Health LLC	Contract	District Court, County of Grand Forks 124 South 4th Street Grand Forks, ND 58201	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Turman & Lang, Ltd.	\$15,000.00 retainer \$335 Filing Fees	August 5, 2020	\$15,335.00
Email or website address _____			
Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Meridian Behavioral Health, LLC 550 Main Street Suite 230 New Brighton, MN 55112	Equipment and furniture purchased at appraised value	October 16, 2020	\$100,000.00
Relationship to debtor Parent Company			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

☒ Does not apply

Address

**Dates of occupancy
From-To**

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Red River Behavioral Health System, LLC 1451 44th Avenue S Unit A Grand Forks, ND 58201	Psychiatric Hospital Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Medez (Electronic Provider)	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2.	Red River Behavioral Health System, LLC	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Red River Behavioral Health System, LLC	12 as of 7/30/20 How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.3.	Red River Behavioral Health System, LLC	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Business Data Record Storage (Off site storage)	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.4.	Red River Behavioral Health System, LLC	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Record Keepers, LLC (Off site storage)	How are records kept? <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

Patient records

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?
☒ No Go to Part 10.
☐ Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Business Data Record Storage 201 9th Avenue SW New Brighton, MN 55112	Emily Peach 550 Main Street New Brighton, MN 55112	Patient Records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Record Keepers, LLC (RKL) 2101 8th Avenue N Fargo, ND 58102	Emily Peach 550 Main Street New Brighton, MN 55112	Patient Records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
	Jacqueline Hanson 1451 44th Avenue South Unit A Grand Forks, ND 58201		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Stephanie Crossen Meridian Behavioral Health, LLC 550 Main Street New Brighton, MN 55112	September 12, 2016 to present

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

**Date of service
From-To**

26b.1. **RSM US LLP
801 Nicollet Mall
West Tower, Suite 1100
Minneapolis, MN 55402**

**September 12, 2016
to present**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **Meridian Behavioral Health LLC
550 Main Street
Suite 230
New Brighton, MN 55112**

September 12, 2016 to present

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Eastdak Holdings LLC
P.O. Box 9495
Fargo, ND 58103-9495**

26d.2. **BMO Harris Bank, N.A., as Agent
111 West Monroe Street
20th Floor East
Chicago, IL 60603**

26d.3. **Oaktree Mezzanine Fund, L.P.
c/o Oaktree Capital Management, L.P.
1301 Avenue of the Americas
34th Floor
New York, NY 10019**

26d.4. **Wall's LTC Pharmacy, Inc.
1322 8th Avenue S
Grand Forks, ND 58201**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

27.1	Name of the person who supervised the taking of the inventory Jacqueline Hanson	Date of inventory 7/24/2020	The dollar amount and basis (cost, market, or other basis) of each inventory See Exhibit A
	Name and address of the person who has possession of inventory records Jacqueline Hanson 1451 44th Avenue South Grand Forks, ND 58201		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
See Exhibit B			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
See Exhibit B			

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	10/25/2019	Payroll
Relationship to debtor Director of Quality Compliance and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	11/08/2019	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.3	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$1,111.03	11/20/2019	Expenses
	Relationship to debtor Director of Quality Compliance and Board Member			
30.4	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	11/22/2019	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.5	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	12/06/2019	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.6	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	12/20/2019	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.7	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	01/03/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.8	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	01/17/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.9	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	01/31/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.10	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	02/14/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.11	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	02/28/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 2.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,502.00	03/13/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 3.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	03/27/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 4.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	04/10/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 5.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	04/24/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 6.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	05/08/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 7.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,922.12	05/22/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 8.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	06/05/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.1 9.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,922.12	06/19/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 0.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	07/03/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 1.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,922.12	07/17/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2 2.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	07/31/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 3.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	08/14/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 4.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,922.12	08/28/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 5.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,622.12	09/14/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 6.	Lavonne Merten 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,769.23	09/25/2020	Payroll
	Relationship to debtor Director of Quality Compliance and Board Member			
30.2 7.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,076.92	10/25/2019	Payroll
	Relationship to debtor CEO and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2 8.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,076.92	11/08/2019	Payroll
	Relationship to debtor CEO and Board Member			
30.2 9.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$279.84	11/13/2019	Expenses
	Relationship to debtor CEO and Board Member			
30.3 0.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,230.76	11/22/2019	Payroll
	Relationship to debtor CEO and Board Member			
30.3 1.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$208.35	12/03/2019	Expenses
	Relationship to debtor CEO and Board Member			
30.3 2.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	12/06/2019	Payroll
	Relationship to debtor CEO and Board Member			
30.3 3.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	12/20/2019	Payroll
	Relationship to debtor CEO and Board Member			
30.3 4.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$265.23	01/03/2020	Expenses
	Relationship to debtor CEO and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.3 5.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	01/03/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.3 6.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	01/17/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.3 7.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	01/31/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.3 8.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$413.18	02/04/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.3 9.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	02/14/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 0.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	02/28/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 1.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	03/13/2020	Payroll
	Relationship to debtor CEO and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4 2.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$1,245.49	03/24/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.4 3.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	03/27/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 4.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	04/10/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 5.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$397.80	04/15/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.4 6.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	04/24/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 7.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	05/08/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.4 8.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	05/22/2020	Payroll
	Relationship to debtor CEO and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.4 9.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	06/05/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 0.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	06/19/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 1.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	07/03/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 2.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	07/17/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 3.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	07/31/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 4.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	08/14/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 5.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	08/21/2020	Payroll
	Relationship to debtor CEO and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5 6.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$181.46	09/01/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.5 7.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,769.23	09/11/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.5 8.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$662.77	09/14/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.5 9.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$5,076.92	09/25/2020	Payroll
	Relationship to debtor CEO and Board Member			
30.6 0.	Jacqueline Hanson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$343.60	10/13/2020	Expenses
	Relationship to debtor CEO and Board Member			
30.6 1.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$27,896.54	10/25/2019	Payroll
	Relationship to debtor Medical Director and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.6 2.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$22,186.53	11/08/2019	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 3.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$26,711.54	11/22/2019	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 4.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$28,211.53	12/06/2019	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 5.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$28,211.51	12/20/2019	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 6.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$27,336.53	01/03/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 7.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$24,586.53	01/17/2020	Payroll
	Relationship to debtor Medical Director and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.6 8.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$27,211.54	01/31/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.6 9.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$28,711.51	02/14/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 0.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$28,211.54	02/28/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 1.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$27,461.53	03/13/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 2.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$28,480.82	03/27/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 3.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,980.82	04/10/2020	Payroll
	Relationship to debtor Medical Director and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.7 4.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,480.82	04/24/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 5.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$19,880.82	05/08/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 6.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,480.82	05/22/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 7.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$10,000.00	05/22/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 8.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,980.82	06/05/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.7 9.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$26,605.82	06/19/2020	Payroll
	Relationship to debtor Medical Director and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.8 0.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$22,855.82	07/03/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 1.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,480.82	07/17/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 2.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$29,480.82	07/31/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 3.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$26,605.82	08/14/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 4.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$19,980.82	08/28/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 5.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$3,644.00	09/08/2020	Expenses
	Relationship to debtor Medical Director and Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.8 6.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$19,980.82	09/11/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 7.	Gebrehana Zebro 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$41,495.17	09/25/2020	Payroll
	Relationship to debtor Medical Director and Board Member			
30.8 8.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	10/25/2019	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.8 9.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	11/08/2019	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 0.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	11/22/2019	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 1.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	12/06/2019	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.9 2.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$485.36	12/18/2019	Expenses
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 3.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	12/20/2019	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 4.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,423.08	01/03/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 5.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,784.82	01/17/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 6.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,533.66	01/31/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 7.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,733.66	02/14/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.9 8.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,533.66	02/28/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.9 9.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$135.00	03/05/2020	Expenses
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 00.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,533.66	03/13/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 01.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	03/27/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 02.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	04/10/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 03.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	04/24/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 04.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	05/08/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 05.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	05/22/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 06.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	06/05/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 07.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	06/19/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 08.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	07/03/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 09.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	07/31/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			

Debtor **Red River Behavioral Health System, LLC**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 10.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	08/14/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 11.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	08/28/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 12.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	09/11/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 13.	Colleen Sveum 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$4,577.26	09/25/2020	Payroll
	Relationship to debtor Red River CNO & Red River Board Member			
30.1 14.	Mark Jackson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$7,211.53	10/25/2019	Payroll
	Relationship to debtor Previous Red River Board Member & Previous CEO			
30.1 15.	Mark Jackson 1451 44th Avenue S Unit A Grand Forks, ND 58201	\$12,920.37	11/08/2019	Payroll
	Relationship to debtor Previous Red River Board Member & Previous CEO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Red River Behavioral Health System, LLC

Case number (if known) _____

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

MBH Group Holdings, LLC

Employer Identification number of the parent corporation

EIN: **47-5505365**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 20, 2020

/s/ Jacqueline Hanson

Signature of individual signing on behalf of the debtor

Jacqueline Hanson

Printed name

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Exhibit A - Asset Inventory List

Description	Asset ID	Asset Class	Location ID	Qty	Cost Basis	Accum Depr	Net Book	Category
CAPITAL SCHEDULE								
2 Surface Mounts	001025-1	1600 BUILD IMP	RED RIVER	1	\$ 5,419.37	\$ 1,483.89	\$ 3,935	Fixtures
SM-DNIV NIAHO Software	001026-1	1600 COMP&EQUIP	RED RIVER	1	\$ 6,552.39	\$ 6,552.39	\$ -	Furniture, Comp, Equipment
Replace door hardware	001027-1	1600 BUILD IMP	RED RIVER	1	\$ 7,136.91	\$ 1,954.15	\$ 5,183	Fixtures
Butt Hinge wBB81 4 1/2	001028-1	1600 BUILD IMP	RED RIVER	1	\$ 9,813.24	\$ 2,686.96	\$ 7,126	Fixtures
Push/Pull lever lockset, lever p	001029-1	1600 BUILD IMP	RED RIVER	1	\$ 9,900.00	\$ 2,710.71	\$ 7,189	Fixtures
30 under lav sheilds 30 duel tem	001030-1	1600 BUILD IMP	RED RIVER	30	\$ 10,144	\$ 2,778	\$ 7,367	Fixtures
Logical universal soffit bracket	001031-1	1600 BUILD IMP	RED RIVER	1	\$ 10,332	\$ 2,829	\$ 7,503	Fixtures
11 Surface mounts	001032-1	1600 BUILD IMP	RED RIVER	11	\$ 10,488	\$ 2,872	\$ 7,616	Fixtures
4 Corian Toilet Surrounds	001033-1	1600 BUILD IMP	RED RIVER	4	\$ 10,613	\$ 2,906	\$ 7,707	Fixtures
Carpet	001034-1	1600 BUILD IMP	RED RIVER	1	\$ 32,121	\$ 10,261	\$ 21,860	Fixtures
Steel Craft locations, LHR	001035-1	1600 BUILD IMP	RED RIVER	1	\$ 45,885	\$ 12,564	\$ 33,321	Fixtures
Door Hardware	001049-1	1600 FURN & FIX	RED RIVER	1	\$ 15,058	\$ 8,067	\$ 6,991	Furniture, Comp, Equipment
Cape Code Systems - Doors	001050-1	1600 FURN & FIX	RED RIVER	1	\$ 19,992	\$ 10,710	\$ 9,282	Furniture, Comp, Equipment
Circuit Setup - Atomic	001051-1	1600 COMP&EQUIP	RED RIVER	1	\$ 5,355	\$ 4,017	\$ 1,339	Furniture, Comp, Equipment
Atomic - Cisco Routers	001052-1	1600 COMP&EQUIP	RED RIVER	1	\$ 17,242	\$ 12,931	\$ 4,310	Furniture, Comp, Equipment
Digital Radios	001056-1	1600 COMP&EQUIP	RED RIVER	1	\$ 7,350	\$ 5,390	\$ 1,960	Furniture, Comp, Equipment
Computers	001057-1	1600 COMP&EQUIP	RED RIVER	1	\$ 6,563	\$ 4,813	\$ 1,750	Furniture, Comp, Equipment
Toilet Surrounds	001058-1	1600 BUILD IMP	RED RIVER	1	\$ 12,152	\$ 2,970	\$ 9,182	Fixtures
Furniture	001059-1	1600 FURN & FIX	RED RIVER	1	\$ 17,750	\$ 9,086	\$ 8,664	Furniture, Comp, Equipment
Camera System	001060-1	1600 COMP&EQUIP	RED RIVER	1	\$ 8,240	\$ 5,905	\$ 2,335	Furniture, Comp, Equipment
furniture RR	001125-1	1600 FURN & FIX	RED RIVER	1	\$ 8,653	\$ 2,781	\$ 5,872	Furniture, Comp, Equipment
RedRiver Furniture	001144-1	1600 FURN & FIX	RED RIVER	1	\$ 87,370	\$ 50,966	\$ 36,404	Furniture, Comp, Equipment
Red River - Room safety improvem	001151-1	1600 BUILD IMP	RED RIVER	1	\$ 287,088	\$ 35,089	\$ 252,000	Fixtures
Red River Furniture	001155-1	1600 FURN & FIX	RED RIVER	1	\$ 2,327	\$ 610	\$ 1,718	Furniture, Comp, Equipment
Red River Furniture	001156-1	1600 FURN & FIX	RED RIVER	1	\$ 4,118	\$ 1,030	\$ 3,089	Furniture, Comp, Equipment
furniture RR	001159-1	1600 FURN & FIX	RED RIVER	1	\$ 17,407	\$ 4,352	\$ 13,055	Furniture, Comp, Equipment
furniture RR	001173-1	1600 FURN & FIX	RED RIVER	1	\$ 15,583	\$ 3,525	\$ 12,059	Furniture, Comp, Equipment
Bldg Maintenance RR	001205-1	1600 BUILD IMP	RED RIVER	1	\$ 4,613	\$ 205	\$ 4,407	Fixtures
Red River Project	001217-1	1600 BUILD IMP	RED RIVER	1	\$ 53,517	\$ 1,784	\$ 51,733	Fixtures
Subtotal					\$ 748,784	\$ 213,827	\$ 534,957	
ADDITIONAL ITEMS								
Additional Computer & Equipment (not capitalized)	N/A	N/A	N/A		N/A	N/A	\$ 23,187	Furniture, Comp, Equipment
Building Improvements (not capitalized)	N/A	N/A	N/A		N/A	N/A	\$ 50,344	Fixtures
Subtotal							\$ 73,530	
TOTALS								
Total Building Improvements & Fixtures							\$ 476,474	Fixtures
Total Furniture, Computer & Equipment - Purchased by Meridian Behavioral Health LLC for Appraised Value (\$100,000)							\$ 132,014	Furniture, Comp, Equipment

Exhibit B – Current/Former Officers & Board of Directors

Current Officers

- Jacqueline Hanson, Hospital CEO- October 2019 to present
- LaVonne Merten, RN Director of Quality, Compliance and Accreditation - November 2016-present

Current Board Members:

- James Smith, COO/CAO of Meridian February 2017- present
- Shelley Skarda, VP of Clinical Services of Meridian October 2019 to present
- Emily Peach, Director of Quality of Meridian, Compliance and Accreditation, October 2019 to present
- Jacqueline Hanson, Hospital CEO- October 2019 to present
- Dr Gebrehana Zebro, MD Hospital Medical Director- July 2018- present
- Colleen Sveum, RN Chief Nursing Officer- December 2018 to present

Non-voting members

- LaVonne Merten, RN Director of Quality, Compliance and Accreditation - November 2016-present
- Diane Rafferty, Interim CEO of Meridian - July 2019 to present

Former Officers (present between July 2019 to July 2020):

- Mark Jackson, Hospital CEO- October 2018-October 2019

Former Board Members (present between July 2019 to July 2020):

- Brian Hill, COO of Meridian- June 2019- December 2019
- Matt Marcos, interim CFO of Meridian April 2019- January 2020
- Mark Jackson, Hospital CEO- October 2018-October 2019

**United States Bankruptcy Court
District of North Dakota**

In re **Red River Behavioral Health System, LLC**

Debtor(s)

Case No.

Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Red River Behavioral Health System, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Meridian Behavioral Health LLC owns 100% of the equity interests

☐ None [Check if applicable]

October 20, 2020

Date

/s/ Katrina A. Turman Lang

Katrina A. Turman Lang

Signature of Attorney

Counsel for **Red River Behavioral Health System, LLC**

TURMAN & LANG, LTD.

505 N. Broadway, Suite 507

P.O. Box 110

Fargo, ND 58107-0110

**United States Bankruptcy Court
District of North Dakota**

In re Red River Behavioral Health System, LLC

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 20, 2020

/s/ Jacqueline Hanson
Jacqueline Hanson/CEO
Signer/Title

1984 SYSTEMS, INC.
DBA AMERICAN DATA
P.O. BOX 640
SAUK CITY, WI 53583

ABSOLUTE REFRIGERATION, LLC
3398 PRIMEROSE COURT
GRAND FORKS, ND 58201

ACHIEVE THERAPY LLC
1425 S COLUMBIA ROAD
GRAND FORKS, ND 58201

ACME TOOLS GRAND FORKS
1705 13TH AVE N
GRAND FORKS, ND 58203

AGILITI HEALTH, INC.
6625 WEST 78TH STREET
SUITE 300
MINNEAPOLIS, MN 55439

AIRGAS USA, LLC
P.O. BOX 734445
CHICAGO, IL 60673-4445

ALAA ELREFAI, MD, PC
2150 47TH AVE S
#365
GRAND FORKS, ND 58201

ALL SEASONS GARDEN CENTER
5101 SOUTH WASHINGTON STREET
GRAND FORKS, ND 58201

ALLIANCE CLINIC, LLC
3329 UNIVERSITY AVE SE
MINNEAPOLIS, MN 55414

ALLIED FIRE PROTECTION
3231 4TH AVENUE S UNIT C
FARGO, ND 58103

ALTRU HEALTH SYSTEM
P.O. BOX 13780
GRAND FORKS, ND 58208-3780

AMERIPRIDE SERVICES INC
P.O. BOX 3160
BEMIDJI, MN 56619-3160

ANOKA PROPERTY HOLDINGS LLC
550 MAIN STREET
SUITE 230
SAINT PAUL, MN 55112

AVALON PROGRAMS, LLC
550 MAIN STREET
SUITE 230
SAINT PAUL, MN 55112

B TEK LLC
6043 HUDSON RD.
SUITE 201
WOODBURY, MN 55125

BEAUTERRE RECOVERY INSTITUTE LLC
2480 S. COUNTY ROAD 45
OWATONNA, MN 55060

BLUE CROSS AND BLUE SHIELD OF ND
4510 13TH AVENUE SOUTH
FARGO, ND 58121

BMO HARRIS BANK, N.A., AS AGENT
111 WEST MONROE STREET
20TH FLOOR EAST
CHICAGO, IL 60603

BRIGGS HEALTHCARE
4900 UNIVERSITY AVE
SUITE 200
WEST DES MOINES, IA 50266

BURGGRAF'S ACE GRAND FORKS
1826 S WASHINGTON STREET
14003W
GRAND FORKS, ND 58201

C&R CLEANERS & LAUNDRY
1010 NORTH 5TH STREET
GRAND FORKS, ND 58203

CAROL TORGERSON COUNSELING
1551 28TH AVE S
SUITE C3
GRAND FORKS, ND 58201

CEDAR RIDGE TREATMENT CENTER LLC
11400 JULIANNE AVE NORTH
STILLWATER, MN 55082

CENTERS FOR MEDICARE AND MEDICAID SVCS
C/O NORIDIAN HEALTHCARE SOLUTIONS
P.O. BOX 6730
FARGO, ND 58108-6730

CHAMPION CHART SUPPLY
94 NEWCOMB STREET
P.O. BOX AB
NORTON, MA 02766

CHAPMAN AND CUTLER LLP
111 WEST MONROE STREET
ATTN: CARI GRIEB
CHICAGO, IL 60603

CLIFTON LARSON ALLEN LLP
P.O. BOX 775195
CHICAGO, IL 60677-5195

CONCORDANCE HEALTHCARE SOLUTIONS
2675 SOLUTION CENTER
CHICAGO, IL 60677-2006

CONSOLIDATED COMMUNICATIONS
P.O. BOX 66523
SAINT LOUIS, MO 63166-6523

CYPRESS GROVE BEHAVIORAL HEALTH, LLC
4673 EUGENE WARE BLVD.
BASTROP, LA 71220

CYPRESS GROVE MONROE PROPERTIES, LLC
411 PINE STREET
MONROE, LA 71201

DAKOTA NURSING PROGRAM AT LRSC
1801 COLLEGE DRIVE NORTH
DEVILS LAKE, ND 58301

DOUGLAS PLACE PROPERTY HOLDINGS LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

DOUGLAS PLACE TREATMENT CENTER LLC
1111 GATEWAY DRIVE NE
EAST GRAND FORKS, MN 56721

EASTDAK HOLDINGS LLC
P.O. BOX 9495
FARGO, ND 58103-9495

ECOLAB PEST ELIM DIV
26252 NETWORK PLACE
CHICAGO, IL 60673-1262

FASTENAL
2001 THEURER BLVD.
WINONA, MN 55987

GAINEY PROPERTY HOLDINGS LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

GLOBAL EQUIPMENT COMPANY INC
29833 NETWORK PLACE
CHICAGO, IL 60673-1298

GMB MEZZANINE CAPITAL III, L.P.
50 SOUTH SIXTH STREET
SUITE 1460
MINNEAPOLIS, MN 55402

GRAND FORKS PUBLIC SCHOOL DISTRICT
2400 47TH AVENUE SOUTH
GRAND FORKS, ND 58202

GREAT PLAINS HEATING, A/C & PLUMBING
P.O. BOX 13196
GRAND FORKS, ND 58208

GUEST HOUSE PROPERTY HOLDINGS LLC
4800 48TH STREET NE
ROCHESTER, MN 55906

HEALTHCARE ENVIRONMENTAL SERVICE LLC
1420 40TH STREET N
FARGO, ND 58102

HEALTHY WEIGHS NUTRITION CENTER
18711 445TH AVENUE SW
EAST GRAND FORKS, MN 56721

HUGO'S # 8
1750 32ND AVENUE
GRAND FORKS, ND 58201

INTEGRATED SOFTWARE SOLUTIONS/MEDEZ
7450 GRIFFIN ROAD
SUITE 150
DAVIE, FL 33314

JOHNSON CONTROLS FIRE PROTECTION LP
P.O. BOX 730068
DALLAS, TX 75373

KEITH'S SECURITY WORLD
2111 DEMERS AVE
GRAND FORKS, ND 58201

LAKE REGION STATE COLLEGE (LRSC)
1801 COLLEGE DRIVE NORTH
DEVILS LAKE, ND 58301

LAKE SHORE TREATMENT CENTER LLC
140 QUAIL STREET
MAHTOMEDI, MN 55115

LATITUDES TREATMENT CENTER LLC
1609 JACKSON STREET
SAINT PAUL, MN 55117

LEGIONELLA WATCH
P.O. BOX 8116
GREENSBORO, NC 27419

MAHTOMEDI PROPERTY HOLDINGS LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

MBH INTERMEDIATE HOLDINGS, LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

MCKESSON MEDICAL SURGICAL
P.O. BOX 634404
CINCINNATI, OH 45263-4404

MEADOW CREEK PROPERTY HOLDINGS, LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55122

MEADOW CREEK, LLC
17305 MEADOW CREEK LANE
PINE CITY, MN 55063

MEDICUS HEALTHCARE SOLUTIONS
22 ROULSTON ROAD
WINDHAM, NH 03087

MEDICUS PSYCHIATRY SERVICES, LLC
22 ROULSTON ROAD
WINDHAM, NH 03087

MERIDIAN BEHAVIORAL HEALTH, LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

MERIDIAN PROPERTY HOLDINGS LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

MODERN INFORMATION SYSTEMS INC
205 LEEWARD HILLS LANE
GRAND FORKS, ND 58201

MODERN INFORMATION SYSTEMS, INC.
5010 GATEWAY DRIVE
GRAND FORKS, ND 58203

NETWORK SERVICES CO
29060 NETWORK PLACE
CHICAGO, IL 60673-1290

NEW BEGINNINGS ESTES AVENUE, LLC
7300 ESTES AVENUE SW
WAVERLY, MN 55390

NEW BEGINNINGS HOWARD LAKE, LLC
210 10TH AVENUE
HOWARD LAKE, MN 55349

NEW BEGINNINGS MINNESOTA, LLC
109 N SHORE DRIVE
WAVERLY, MN 55390

NEW BEGINNINGS NORTH SHORE DRIVE, LLC
109 N SHORE DRIVE
WAVERLY, MN 55390

NEW BEGINNINGS WAVERLY, LLC
109 N SHORE DRIVE
WAVERLY, MN 55390

NEW HORIZON FOODS, INC.
P.O. BOX 860246
MINNEAPOLIS, MN 55486-0246

NORTH DAKOTA HOSPITAL ASSOCIATION (NDHA)
P.O. BOX 7340
BISMARCK, ND 58507-7340

OAKRIDGE TREATMENT CENTER LLC
4800 48TH STREET NORTH EAST
ROCHESTER, MN 55906

OAKTREE MEZZANINE FUND, L.P.
C/O OAKTREE CAPITAL MANAGEMENT, L.P.
1301 AVENUE OF THE AMERICAS
34TH FLOOR
NEW YORK, NY 10019

ONESTAFF MEDICAL, LLC
C/O AMERICAN NATIONAL BANK
P.O. BOX 3544
OMAHA, NE 68103

POLK COUNTY SOCIAL SERVICES
612 N BROADWAY
ROOM 302
CROOKSTON, MN 56716

RECORD KEEPERS, LLC (RKL)
2101 8TH AVENUE N
FARGO, ND 58102

RR DONNELLEY
7810 SOLUTION CENTER
CHICAGO, IL 60677-7008

RTG MEDICAL
1005 EAST 23RD STREET
SUITE 200
FREMONT, NE 68025

SANFORD HEALTH
P.O. BOX 2168
FARGO, ND 58107-2168

SANFORD HEALTH PLAN
1749 38TH STREET SOUTH
FARGO, ND 58104

SANFORD NORTH
P.O. BOX 2168
FARGO, ND 58107-2168

SHC SERVICES INC
P.O. BOX 677896
DALLAS, TX 75267-7896

SHC SERVICES, INC.
D/B/A SUPPLEMENTAL HEALTHCARE
1640 W. REDSTONE DRIVE
SUITE 300
PARK CITY, UT 84098

SPICER CONTAINER & SALVAGE
1015 N. 51ST STREET
SUITE A
GRAND FORKS, ND 58203

TAPESTRY PROPERTY HOLDINGS, LLC
550 MAIN STREET
SUITE 230
NEW BRIGHTON, MN 55112

TAPESTRY TREATMENT CENTER LLC
135 COLORADO STREET EAST
SAINT PAUL, MN 55107

TELELANGUAGE INC.
514 SW 6TH AVENUE
4TH FLOOR
PORTLAND, OR 97204

THE UNITER
ORM 14, UNIVERSITY OF WINNIPEG
515 PORTAGE AVENUE
WINNIPEG MANITOBA R3B 2E9

TRANE U.S., INC.
P.O. BOX 98167
CHICAGO, IL 60693

TWIN TOWN TREATMENT CENTER LLC
1706 UNIVERSITY AVENUE
SAINT PAUL, MN 55104

UNITED BEHAVIORAL HEALTH (UBH)
P.O. BOX 9472
MINNEAPOLIS, MN 55440-9472

UNIVERSAL HOSPITAL SERVICES
6625 WEST 78TH STREET
SUITE 300
MINNEAPOLIS, MN 55439

UNIVERSITY OF NORTH DAKOTA (UND)
1301 NORTH COLUMBIA ROAD STOP 9037
GRAND FORKS, ND 58202

VALHALLA PLACE BRAINERD, LLC
2215 S 6TH STREET
BRAINERD, MN 56401

VALHALLA PLACE, LLC
6043 HUDSON RD.
SUITE 220
WOODBURY, MN 55125

WALL'S LTC PHARMACY, INC.
1322 8TH AVENUE S
GRAND FORKS, ND 58201

ZORO
P.O. BOX 5233
JANESVILLE, WI 53547-5233

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of North Dakota**

In re **Red River Behavioral Health System, LLC**

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	15,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 20, 2020

Date

/s/ Katrina A. Turman Lang

Katrina A. Turman Lang

Signature of Attorney

TURMAN & LANG, LTD.

505 N. Broadway, Suite 507

P.O. Box 110

Fargo, ND 58107-0110

(701) 293-5592

katrina@turmanlaw.com

Name of law firm